

# THE 552 MEDICAL AND SURGICAL REPORTER.

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## VOLUME XVIII.—INTRODUCTORY.

Our predecessor having retired from the table to the shelf, we propose for the next six months to occupy the distinguished position of table companion to many thousand physicians throughout the wide extent of our land. We shall, as each successive number arrives, bring many a practical hint and useful lesson, which will be of inestimable value to those who desire to keep pace with medical science.

Besides being an office companion, we shall often accompany our patron, and while away many a tedious hour as he rides in gig or on horseback, over hill and dale, forest and prairie, ministering health, comfort and happiness to the afflicted.

We shall, too, as we lie on the office table, tell his patrons that he is a wide-awake physician, who embraces every opportunity to add to his store of knowledge, and fit himself for an intelligent discharge of his duties to his patients. We shall tell them that he often consults us, and through us many of the most eminent practitioners in the world; and that we do not let him rest here, even, but that we are constantly urging him to consult other journals and books, and employ all the more modern and most approved means for the successful pursuit of his calling. Yes, and we often even venture into the parlor, and exert the same influence on the callers there.

Now, we know—for our distinguished predecessors tell us that they have often observed it—that our influence will be of great importance in extending the business of our patron, so that besides bringing to his mind stores of knowledge, we will be constantly informing the public that in him they have a physician on whom they can rely; that as he is no laggard, but that he keeps himself informed of the advances that are constantly being made in the science of medicine.

But we must not forget that we have much to do to fulfil our contract with our patron. We must cull facts from every source within our reach, encourage practitioners in city and country to record their experience honestly and faithfully, but *briefly*, without waste of words, for our patron has not time to spend on speculative medicine and fine spun theories. He wants his literary food brought to him in small packages, and so prepared as to be easy of digestion. This we propose to do.

We have often heard our "man of all work" who sends us on our errands, say that he values very highly the communications of the country doctor, with his varied experience and observation, even though they may sometimes be rather roughly written, and that they are of more real use to the physician, than the well-turned periods and speculations of some of the literary goslings, who, while they are "waiting for practice" in our large cities, write hugely on medical topics, of which they practically know nothing, and who don't like the REPORTER, because so many country doctors write for it. And just here let me urge the great importance of city and country physicians, of extended experience and observation, writing much more than they do for the journals.

Let us see how well our immediate predecessor, who now, with sixteen companions, neatly bound and easy of reference, occupies a place on the library shelf, fulfilled his mission in this respect. We find that he gave 560 pages, 50 more than he was under any obligation to give, of practical articles in all the departments of medicine. An analysis of the volume gives the following facts. There were:

Original contributors, over	120
" articles, nearly	200
Total " about	1045
Average in each number,	40

A very strong bill—but we shall try to do better than that in every respect. Tell all your friends so. Farewell!

## ORIGINAL DEPARTMENT.

## Communications.

## TRAUMATIC TETANUS.

By L. P. GEBHARD, M.D.,

Of Philadelphia.

Read before the Northern Medical Association.

In a fatal case of traumatic tetanus, as related by Dr. McCOLLUM, of Vermont, and published in the MEDICAL AND SURGICAL REPORTER of Nov. 16th, 1867, he says: "As yet little is known of the pathology and the exact nature of the morbid action of this frightful disease." On seeing this announcement, I determined to relate two cases of traumatic tetanus that occurred in my practice, one in 1832 and the other 1857, to show that the treatment even then pursued was in perfect accordance with the pathology, and the nature of the morbid action existing, as exemplified by the success of the treatment employed.

On the 22d of August, 1832, I was summoned to visit a young lady about eighteen years of age, who, on the morning of that day in company with several acquaintances, paid a visit to a friend residing at a country seat in the vicinity of the city. The garden surrounding the dwelling was beautifully laid out with gravel walks; in perambulating which, these young misses in a girlish freak took off their shoes and stockings, and jumped from one walk to another for amusement. She who subsequently became my patient, not perceiving an iron rake in the opposite walk with its prongs upturned, jumped upon it, the prongs entering the bottom of her foot; the violence of the injury produced so much pain as to cause severe spasms. She was immediately carried to her home in the city, where I paid my first visit. Tetanic spasms soon came on, for which anodynes were freely administered, producing little or no relief. The spasms were such as we usually meet with in similar cases, each spasm contracting the thorax and drawing the head back upon the spine (producing opisthotonos,) so as to cause great oppression at the epigastrium, and difficulty of respiration so

intense as to force from her the exclamation, that if not soon relieved she could not long survive. I at once resolved on trying counter-irritation on the surface of the spine, in order if possible to dis sever the concatenation of morbid action which existed between the wounded nerves and the spinal column, from which emanates all the nervous influence that controls the action of the muscles involved in the disease. Accordingly, I penciled the spine from the nape of the neck down, about two-thirds of its whole extent, with nitrate of silver, and continued this until the patient cried out "you will burn me to death." No sooner was this announcement made, than I observed the muscles slowly to relax, the spasms gradually yield, and the most formidable disease compelled to succumb to the all potent power of the counter-irritating plan.

There was an irritable and increased frequency of the pulse during the whole period of the disease, such as might be expected from the violent and distressing symptoms attending it; the alimentary canal and every other part of the general system appeared to be unaffected by the disease, except the nervous and muscular systems, as above stated.

A few years after this the young lady was married to a clergyman, and lived to rear up a family of children. I met her some few days since, in the enjoyment of perfect health. This case I think fully demonstrated that counter-irritation was the remedial agent, and the only one capable of restoring the nervous influence to a normal state.

*Case 2.* On the 12th of November 1857, I was called to visit a young lad about ten years of age at Mantuaville, afflicted with traumatic tetanus in its worst form. About two weeks previous he ran a nail into the bottom of his foot, which, in consequence of great exertion produced by walking, brought on stiffness of that limb, gradually extending itself to the muscles of the jaw, terminating in trismus. A physician was summoned, and shortly after not improving under his treatment, another was called in consultation from the city to give his opinion in the case. No amendment in the symptoms still occurring, the family became discouraged and desired to

consult another. The one attending then relinquished the case, recommending them to send for any one to attend him whom they might prefer. The case then being without a physician, I was sent for, but learning its nature, I at first declined, but the mother insisted that as the case had been abandoned, I ought not to allow him to die without any further effort being made to save him. Unpleasant as it was, I then consented to attend.

As to his previous treatment his mother informed me that he had taken anodynes to relieve his pain, and had been cupped on his back. His spasms were very severe and frequent. The dorsal, pectoral and abdominal muscles were all involved. The dorsal in retracting the head, and the pectoral and abdominal in constricting the dilatation of the chest, thereby causing the respiration to be both difficult and painful. While gasping for breath, his cry for help was distressing.

Undertaking such a case as this, I assure you was anything but agreeable. As consultations divide responsibilities, attendance in such cases is comparatively pleasant; but to take in charge a serious case in its last stage, with all the responsibility attached to it, is far from being desirable; nevertheless when duty calls, the physician is bound to respond, however unpleasant it may be. I found the pulse frequent and feeble, while under the influence of such violent spasms. I administered anodynes very freely to lessen the severity of the spasms, but my principal dependence for permanent relief as based upon previous experience, was counter-irritation to the spine. Accordingly I applied a strong epispastic from the nape of the neck down, about two-thirds of the whole extent of the spine. As soon as it began to draw, the violence of the spasms perceptibly relaxed. In this case there appeared to be a tonic spasm of the muscles of the lower extremities, by which they were constricted to such an extent as to be unimpressible to the finger, drawing up the limbs to a right angle without any ability to move them. This made it necessary to apply, without any delay, a blister to the lower part of the spine, which was as successful in relaxing them, as the previous blister had been in relieving the spasms

of the precordia, as above related. By this process the counter-irritation succeeded in a very few days, in wholly relieving my patient of any diseased action in any of the muscles of his body.

What makes such cases more distressing both to the physician and the relatives is, that the mental faculties being unimpaired renders the patient more acutely sensitive to pain, while at the same time he is more acutely sensible to the serious nature of his disease, thereby causing him to appeal to the physician for aid, that his sufferings might be relieved. I assured him that no attention on my part should be wanting in order to relieve his pain, and trusted that I might be instrumental in curing him of his malady. It affords me much pleasure to be enabled to say that the instrumentality was effective, and restored to an intelligent mother, an only son, the pride of her heart, who I trust will be a solace to her in her declining years.

#### MEDICAL CASES.

BY JAMES B. BURNET, M.D.,

House Physician, Bellevue Hospital, New York.

#### Acute Meningitis.

*Case 1.* William Norris, *æt.* 35 years, married, a native of Ireland, a tinsmith by occupation, was admitted to Bellevue Hospital on October 9th. Two weeks ago, he was seized with vomiting, which continued for several days, with no other symptom save constipation. The matter ejected presented nothing unusual in appearance. The vomiting having ceased, he returned to his employment, but was unable to perform his usual duties. On Wednesday, October 3d, he began to complain of a headache, which became more and more severe. On Thursday, a discharge began from the right ear, small in quantity and very fetid. Friday morning at 9 o'clock, his wife heard a strange noise coming from the room in which he lay, and on going in, found him in a fit and frothing at the mouth. He remained unconscious till 5, P. M., when he aroused sufficiently to answer questions. His bowels moved involuntarily several times during the day. The discharge from the ear

ceased on Saturday. From this time until Monday morning, his wife was unable to state anything about his condition, as he made no complaints. Monday morning he lost all power of speech, and was unable to communicate his wants in any manner, and before noon became completely unconscious, remaining thus till his admission to the hospital.

#### Symptoms on Admission.

Completely comatose. Respiration 50 and stertorous. Pulse 148, weak; tongue nearly natural in appearance. Both pupils dilated, but while the left contracted somewhat under the stimulus of light, the right hardly moved. The extremities were cold, with some rigidity, and the urine passed involuntarily. Heat, (by means of bottles of hot water and hot cloths) was applied to the extremities, and carbonate of ammonia administered internally. The surface became warm, and the pulse improved in force, while the frequency was but little reduced. In this condition he remained until 4.30 P. M., when he died.

#### Autopsy, Seventeen Hours After Death.

Rigor mortis well marked; body still warm; well nourished. On removing the calvaria, the *dura mater* was found adherent to it in several places. On the anterior portion of the cerebrum, and underlying the arachnoid, there was an effusion of distinct patches of fibrin, and also of pus, the latter showing the characteristic leek-green appearance. No abnormal appearance of the petrous or mastoid portions of the temporal bone.

Case 2. Christian Fischer, æt. 26 years, single, a native of Germany, by occupation a butcher, was admitted to Bellevue Hospital on October 9th. Some two or three months ago, he noticed a pricking and numb sensation in the left hand, forearm, and arm. He also found a want of power in it, and since that time he has not been able to grasp anything with it, or to flex it as strongly as the right. He does not appear to have lost power in his legs, although he sinks to the floor on being placed upon his feet. Previous to Sunday, he was able to continue work, but has been confined to his bed since that time. Had gonorrhœa and sore throat a year ago.

October 11th. Has daily practiced masturbation for ten years.

October 12th. Is in a doze most of the time; will go to sleep while eating and with his mouth full. Rolls out of bed frequently. Last night had a passage from his bowels in bed.

October 16th. Within twenty-four hours, he has had three passages from his bowels, the last one watery.

2 P. M. Keeps the right hand and arm rapidly moving forward and backward over various parts of his body. His answers to questions are wandering.

October 22d. Mind wandering; sensation dull.

October 29th. Delirious during the night.

October 30th. Ordered phosphates.

November 1st. Has sloughs on the nates.

November 2d. This morning seems quite feeble. Respiration hurried, countenance drawn, cool perspiration on forehead. Pulse barely perceptible. Also tracheal rattle.

At 3 o'clock, P. M., died.

*Autopsy.* Rigor mortis well marked; body warm; nutrition good. On removing the calvaria and examining the brain, it was found to be intensely injected, of moderate size, and slightly soft. The ventricles were very dry. The right corpus striatum softened, and injected upon the upper posterior aspect, and membranes of ventricles raised by serous effusion. No obstruction in basilar artery. In left corpus striatum central softening having a portion completely broken down. Tuber cinereum and anterior portion of optic thalami softened. In left corpus striatum where softened, the blood had coagulated in the vessels.

#### CONTRIBUTIONS TO TOXICOLOGY.

By P. H. VANDER WEYDE, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from p. 70 of volume xvii.)

#### No. 7.—Bisulphid of Carbon.

The inhalation of the vapors of this substance, to which some persons employed in the manufacture of caoutchouc or india rubber (for which this liquid is a solvent,) are exposed, causes in the first place great distur-



bances in the digestion, various in their nature according to the constitution of the individual; next serious derangement of the nervous system, dulness, loss of memory, and injury to the intellect; afterwards more or less complete paralysis, and finally absolute genital impotence, the testicles become smaller, and the post mortem of females showed an almost entire obliteration of the ovaries.

#### No. 8.—Paper Collars.

One of the physicians at a meeting in Tarentum, Alleghany county, Pa., reported recently a case of poisoning of a child, who had eaten the greater part of a paper collar which had been thrown away; a gentle emetic and some other remedies serving to remove the poison, caused the symptoms to subside, in not less, however, than about forty hours.

When these collars are chemically examined, some are found to be covered with zincwhite (oxide of zinc), and others with powdered heavy spar (sulphate of baryta), both substances are more or less poisonous, the zinc preparations however by their emetic properties are their own antidotes, and when we are certain that we have to do with nothing else, an emetic is unnecessary, and warm water, with some butter to promote the vomiting, is all that is required. The preparations, of barium however are mostly poisonous, and never cause vomiting, except in large doses, when also convulsions and other alarming symptoms appear. For these, emetics and the stomach pump are to be recommended.

The wearing of these paper collars has also produced in some individuals eruptions around the neck, where the perspiration partially dissolved the white paint, and caused it to enter the pores of the skin; knowing what some of these collars are covered with, this is not to be wondered at.

#### No. 9.—Cider Doctored with Sulphite of Lime.

Formerly sour wine and cider was occasionally corrected by sugar of lead. As however the injurious effect of this substance is pretty generally known, and many are on their guard against it, it is seldom used at present, but the acid fermentation is prevented by the addition of sulphite of lime during or before the fermentation; this being an unsta-

ble compound, the sulphurous acid  $\text{SO}_2$ , (absorbing readily the oxygen which enters the barrel, and otherwise would make the cider very acid,) is changed into sulphuric  $\text{SO}_3$ , and the sulphite of lime into the sulphate of lime or gypsum. Such cider becomes soon clear and transparent, and has a good taste; it however does not agree with many persons, they complain, even the most healthy, of heaviness in the stomach, loss of appetite, etc. The cause is the presence of this newly formed gypsum in solution, which is a very indigestible substance, and the presence of which is easily demonstrated by analysis, in surprisingly large quantity.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
November 23th, 1867.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

#### Excision of Mammary Gland, Performed November 13th.

Mrs. E. N., æt. 50. Ten days ago, the right mammary gland of this patient was extirpated on account of carcinoma, situated between the nipple and the axilla (*vide* vol. xvii. p., 531.) It is an imperative rule in surgery, that whenever a portion of the mammary gland is involved in disease, the whole of it must be sacrificed. The patient has been doing very well. There is a little hardness in the edges of the wound from deposit of plastic matter, which will be gradually absorbed. She has a good appetite and a clean tongue. Most of the wound has united by first intention, and there is no discharge at all now.

#### Lithotomy Performed November 9th.

Robert K., æt. 9. This boy was operated on for stone in the bladder two weeks ago to-day, (*vide* vol. xvii. p. 490. All the water has passed by the natural channel for a week, and the wound is nearly healed. Children very rarely, if ever, die from the operation of lithotomy.

#### Hunterian Operation for Aneurism.

William M., æt. 50. This colored man was operated on this day week, on account of aneurism of the left popliteal artery of spontaneous origin. The HUNTERIAN operation was performed. This operation was first executed by John HUNTER, in December 1785, four ligatures being applied to the vessel. In this case two wires, one

of the little muscular branches having been wounded, were used, at the distance of half an inch from each other. The extremities were cut off and the wires will be retained permanently. There has been a very decided diminution of the swelling in the popliteal space. The tumor has not pulsated since the ligation. There is no longer any unnatural heat in the parts. The contents of the tumor are quite firm, pretty well, if not entirely coagulated. There is no pain in the part now. The patient is doing well.

Within a few hours after the operation the temperature of the limb was exalted, it became greater than in the other limb, and greater than it was in the affected extremity prior to the operation. This was owing to the increased activity of the capillary circulation.

The knee-joint and the tumor were wrapped up in a strong solution of acetate of lead and opium.

#### Acute Abscess of the Testicle.

This young man, twenty years of age, presents a case of interest and of uncommon occurrence. About three weeks ago, a swelling commenced in the testicle, which gradually became as large as his fist, without any assignable cause. He had not been riding on horseback, and had had no gonorrhœa nor syphilis. This swelling has terminated in an abscess.

There is now a very prominent projection in front of the testicle. On applying the finger, it sinks into the swelling, and the whole organ is very much enlarged and indurated, owing to the effusion of plasma, lymph or fibrin. It is probable there is some scrofulous disease here. It is very uncommon for an abscess to form in this situation; it seems to be connected with the tubular structure of the testicle.

The abscess was opened, and he was ordered to keep the parts well suspended with a T bandage; or with a piece of linen or muslin fastened horizontally around the pelvis, to which a handkerchief, properly folded, shall be attached before and behind, so as to support the testicle in its folds; or by means of a broad strip of adhesive plaster extending from the pelvic bone near the anterior superior spinous process on one side, to that on the other, which answers a very good purpose. Then either acetate of lead and opium, or hydrochlorate of ammonia and opium, will be applied. He was also ordered five grains each of blue mass and jalap every other night, for a few days, and to abstain from meat.

It is not often that abscess of the tubular structure of the testicle occurs. Generally it is the result of repelled gonorrhœa or urethritis.

Sometimes it arises as a consequence of the operation for hydrocele. When the disease is chronic, it is always of a tubercular character.

#### Scirrhus of the Mammary Gland.

Mrs. Mary H., æt. 45. This patient has had six children, the youngest of whom is six years of age. The left mammary gland is invaded by scirrhus. The nipple is very slightly retracted. The tumor involves the lower segment of the gland, the upper portion being in a sound condition, so far as consistence may be taken as an evidence of that fact. Below, the parts are highly discolored, and in a state of superficial ulceration, with a discharge of imperfectly elaborated pus. The tumor feels excessively hard. There is enlargement of the glands of the axilla, along the border of the great pectoral muscle, and the supra clavicular ganglions are also involved. The swelling in the breast has existed for three years. An attempt was made to burn it out, since which it has been an open sore. The part is the seat of a burning, darting pain, most severe when she uses the arm. In damp, cool weather, it is more painful. Atmospheric vicissitudes have always the effect of aggravating the suffering, owing to some electrical condition probably.

She attributes the disease to a blow which she received. Patients nearly always date the development of a tumor of this kind to a hurt, a blow or fall, but it is not always fair to ascribe the organ of the growth to such a cause. In the majority of instances it arises spontaneously, without any assignable cause. The human mind is very apt to inquire into causes, and to hit upon one which may be perfectly innocent.

She has lost a good deal of flesh and strength. Professor Gross is not disposed to advise at the present time, or to discountenance entirely an operation. There is an open sore here, but the discharge is very slight, it does not seem to be offensive or fetid, and it is questionable whether an operation ought to be advised. Certainly if an operation be performed, it can only be with the view of giving transient relief.

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— M. Boisson has introduced a method of treating superficial wounds by a jet of air from the common bellows, immediately forming a dried film over the exposed flesh, beneath which healing is greatly facilitated and other obvious advantages secured. Burns which have removed the skin may be treated advantageously in this way.

## Medical Societies.

### EAST RIVER (NEW YORK CITY) MEDICAL ASSOCIATION.

*Stated Meeting, Nov. 5th, 1867.*

Dr. VERRANUS MORSE, President, in the chair.

The following officers were elected for the ensuing year:

*President*—JOHN BURKE.

*Vice-President*—WM. NEWMAN.

*2d Vice-President*—R. A. BARRY.

*Secretary*—WM. J. PURCELL.

*Treasurer*—TRUMAN NICHOLS.

The standing committees are as follows:

*Medical Ethics*—Drs. Morse, Barry, Shrady, Weiss, and Thoms.

*Finance*—Drs. M. L. Smith, Blume, Skiff, Stein, and Heydon.

*Admission*—Drs. Nichols, Buttles, Crampton, McSweeney, and Dawson.

On motion of Dr. WEISS, it was resolved that the chairman of each section, in turn, propose a question for discussion by the Society, giving at least one month's notice, to allow time for preparation.

#### A Case of Twins.

Dr. O'SULLIVAN read the history of an interesting case of twin-delivery, which occurred in his own practice, an interval of sixteen hours having elapsed between the birth of the first and second child; being exceeded but by one out of two hundred and forty cases reported by Dr. COLLINS, of Dublin, of safe delivery of both children. The point of interest in this case arose from the fact, that after the birth of the first child, the uterus remained perfectly inactive, no pain recurring. Hour after hour passed away, until, at last, it was determined to wait no longer. Fearing to give ergot, lest the presentation should prove abnormal, we thought seriously of delivery by version. On introducing the hand into the vagina, for the purpose of making a thorough exploration, I found the pelvis ample, the head of the fetus rather large, but not too much so for the ample diameters, and presenting in the left occipito-iliac posterior position.

The membranes were ruptured, and a few feeble pains followed soon after, but soon ceased. Ergot was then given in the ordinary manner, and soon after, pains appeared, at first moderate, but soon becoming very powerful and satisfactory. The head readily engaged, the occiput rotating posteriorly and passing through the hol-

low of the sacrum. A male child, of large size strong and healthy, was delivered, the placenta was readily detached without any hemorrhage, and the patient made a good getting up.

The interesting point in this case is in reference mainly to the long interval of sixteen hours which elapsed before the birth of the second child, being, with some rare exceptions probably, the longest on record, where the result to both mother and child has been so favorable. It is probable that the propriety of non-interference in this case until the uterus resumed its action, may be open to criticism, notwithstanding that no untoward symptoms of any kind ensued during the interval. With now nearly ten years' additional experience in obstetric practice, and considerable in the use of forceps, I would not now delay so long before attempting delivery. I would, at furthest, do so within *one* hour. If it were a vertex presentation, and had engaged sufficiently, I would use the forceps; if this were not feasible, turn and deliver. I would prefer, under all circumstances, either of the above expedients to the use of ergot.

There is, however, very respectable authority for postponing interference in these cases, unless compelled to the contrary by accidental circumstances, such as convulsions, hemorrhage, etc. There are several instances on record, though of course very rare, where the second child has been retained for days and even weeks.

Upon the conclusion of Dr. O'SULLIVAN's paper, Dr. ABBOTT asked why the Doctor preferred using forceps in such cases to administering ergot. This question gave rise to an animated discussion, which continued until a late hour, when it was finally determined to make it the order of business for the next meeting, under the head of "Parturients."

*Stated Meeting, Dec. 3d, 1867.*

Dr. JOHN BURKE, President, in the chair.

#### Renewal of Prescriptions by Druggists.

Dr. O'SULLIVAN was happy to be able to inform the members of the Association, that the members of the Medical Society of the City and County of New York had unanimously endorsed the resolutions relative to the practice of druggists renewing prescriptions without authority, etc., and had directed the Secretary to notify the druggists of the city forthwith. Also to refer the resolution to the Committee of the State Medical Society.

On motion of Dr. MORSE, the Secretary was directed to forward a copy of the aforesaid resolutions to the State Constitutional Convention at

Albany, in view of the fact that that body had under contemplation the necessity of some stringent laws for better regulating the sale and dispensing of dangerous medicines.

The following correspondence, involving the legal opinion on the rights of physicians to their prescriptions, was read.

*New York, Sept. 25, 1867.*

JOHN H. HARNETT, Esq.,

*Dear Sir*—I enclose you a copy of the resolutions recently passed by the East River Medical Association, relative to the practice of druggists renewing the prescriptions of physicians without their written order, which resolutions have been duly transmitted to each and every druggist in our district, for their immediate action. You will please send me immediately a legal opinion on this subject, stating explicitly whether physicians have the right of property in the prescriptions given by them to their patients. Further, to what extent, if any, druggists are bound to respect legally the instructions of physicians on the subject. I am, etc. etc.,

R. J. O'SULLIVAN, M. D.

*New York, Sept. 28, 1867.*

R. J. O'SULLIVAN, M. D.

*Dear Sir*—In answer to your inquiry, "Have physicians a right of property in the prescriptions given by them to their patients," I state, first, the prescription is a direction from the physician to some druggist to put up for and prepare for the patient's use, a certain medicine. When the druggist performs this act, and files away the prescription, he has no right to again put up or prepare medicine from that prescription, unless he do so by the orders of the physician who originally gave it. He has no more right to do so, than a merchant would have to deliver, on a written order for one barrel of flour, sundry barrels after the one called for had been delivered.

A more important feature is, however, involved in the matter of physicians' prescriptions being duplicated by a druggist, without the physician's authority or instruction, which is, that the medicine so duplicated may be entirely unsuited to the patient's changed condition of health, of which the druggist has no opportunity of knowing. No one is capable of judging in such matters but the attending physician. The druggist who duplicates a physician's prescriptions, without the physician's orders, commits a crime against society, inasmuch as he permits medicine to leave his store which may cause the death of the person to whom it is administered.

*Second.* Medical societies have a right (and, indeed, I think it is a duty which they should attend to) to prescribe and establish a rule for the government of druggists in such matters, which, no doubt, druggists would carefully observe. This would save the medical profession from many charges of malpractice, and many persons from the injuries resulting from the continued use of a medicine not advised or prescribed by a physician. I am Dear Sir, etc.,

JOHN H. HARNETT,

Att'y and Counsellor at Law.

The President, in a few appropriate remarks, announced that the business of the evening, viz., the discussion on the subject of parturients, was in order.

Dr. NICHOLLS commenced, by reading the "First Report of the Section on Therapeutics and Medical Jurisprudence of the East River Medical Association on

"Parturients, or Uterine Motor Stimulants."

The first part of the report gives the history of the means and substances employed at different periods to promote uterine contractions and facilitate labor, gives their physical properties, mode of preparation and administration, and therapeutic effects, placing ergot at the head of the list, from its known reputation and the experience of its usefulness. To Dr. STEARNS, of Saratoga county, New York State, is due the credit of the first introduction of ergot to the medical profession of the United States, in a letter addressed to Dr. ACKERLY, in 1807, in which he styles it the "pulvis parturiens," and says, "It expedites lingering parturition, and saves the accoucheur a considerable portion of time, without producing any bad effects on the patient. The cases in which I have generally found this powder to be useful, are when the pains are lingering, have wholly subsided, or are in any way incompetent to exclude the fœtus.

"Previous to its exhibition, it is of the utmost consequence to ascertain the presentation, and whether any preternatural obstruction prevents the delivery, as the violent and almost incessant action which it induces in the uterus precludes the possibility of turning. The pains induced by it are particularly foreing, though not accompanied with that distress and agony of which the patients frequently complain when the action is much less."

With its effect upon the non-gravid uterus, it is not our province now to deal, but it suffices to say, that at the normal period of delivery, its most striking manifestations are declared. As it cannot originate the physiological condition of labor, but acts on the nerve-centres which initiate and conduct this process, only as a stimulus to increase or renew the force of that action, the contractions differ from the normal efforts of the uterus to expel its contents, in that the interval is lost, and the pain is continuous until the influence of the medicine passes off.

The maternal pulse is diminished in frequency, but may afterward increase, and remain so after the action of the remedy has ceased. In a majority of cases, there is a marked decrease in the pulsations of the foetal heart, often it intermits



and becomes inaudible. At this point it is in keeping to say that the profession are not at all accordant as to its safety; statistics have been brought to bear most fearfully against it, but it must occur to all of us, that in the absence of that detail so essential to cases that include so many features impossible to present in the hard profile of the arbitrary columns of a tabular form, that many of the fatal results have been mere coincidences that may have occurred without the use of the medicine.

It becomes, then, a very nice matter to determine when ergot is safe and needful, and when dangerous and unnecessary.

We must look to the character of the patient, and the cause of the lingering labor which invites our interference.

Professor FORDYCE BARKER, in his report to the New York State Medical Society in 1858, "On the Comparative Use of Ergot and the Forceps in Labor," says:

Now there are some cases where there is a deficiency of contractile energy on the part of the uterus, and the ergot is a precious resource; but no occasions in obstetric practice require a nicer discrimination, or a more accurate diagnosis. We are frequently called on to decide between the use of agents calculated to excite contraction and those which have a directly opposite effect, and to determine whether it is better to rouse the energies of the uterus or to resort to manual or instrumental assistance. The safety or the destruction of our patient may depend upon our decision. As a means of assisting labor, ergot is admissible only in cases of inertia of the uterus.

The differential diagnosis between *inefficient* action of the uterus and *impotent* action, is therefore of great importance, and sometimes it becomes a question of vast difficulty. But there are certain requisites for the admissibility of the drug, which ought to be regarded.

The following rules are laid down by experience for the guidance of such as sanction the resort to this adjuvant.

The case must always be beyond the efforts of nature unaided. The first stage of labor, that is, the dilatation of the cervix, must be complete.

The action of the drug is directed *alone* to the *body* of the uterus, and any effort to overcome a delay in this stage by an appeal to the second stage, is in most cases doubtful in reason and hazardous in practice.

An exceptional case may present itself in placenta prævia with inertia of womb and flooding; the os already dilated to one-half or three-fourths

the size necessary for the passage of the foetal head.

There must be no mechanical obstacle to delivery, which really includes malpresentation as well as tumors, deficient pelvic diameters, and rigidity of tissues.

Further: The second stage of labor must be so far advanced that the case can be terminated by efficient uterine action in an hour, or during the action of the drug. The reason for this law regards both mother and child.

The mother—that the continuous unrelenting pain will tax her endurance to the utmost in that time. Rupture of the womb may occur, and add to our discomfort, but while it is fortunately rare, may at any time confound us.

It concerns the *child*, in that, when the delivery is not effected within or by a limited time, its existence is very certain to be "among the things that were," it may certainly "have a local habitation," but "not a name."

A variety of opinions and theories have been promulgated as to the cause of such mortality to children, but the best received idea is that the utero-placental circulation is interrupted by the steady pressure, and the process of oxidation and decarbonization of the blood is arrested.

In post partum hemorrhage, it is specially relied on by many.

In Professor BARKER's report mentioned above, he says, "As regards the hemorrhage which occurs after the delivery of the placenta, the distinction made by various authors as to the two opposite conditions which favor this formidable accident, I regard as very important. The first is the full plethoric habit, where the heart is in strong and rapid action, and all the vessels are gorged with blood, as is indicated by the flushed skin, headache, thirst, and bounding pulse.

The second is the weak, delicate, lax-fibred state, characterized by pale countenance, spare limbs, slow and weak labor-pains, and feeble, though rapid pulse. In the first class, hemorrhage within certain limits may be beneficial, and it is in these cases that the use of ergot is especially valuable, from its known power of lowering the circulation, as well as securing the permanent contractions of the uterus.

But the propriety of its use in hemorrhage occurring in the second is doubtful. In these cases it does nothing to excite the contractions of the exhausted uterus, its depressing influence producing just the opposite result.

Without stopping to describe the various methods of arresting hemorrhage which should be resorted to in these cases, I will simply remark,

that ergot should never be administered except in conjunction with opium, or until the exhausted powers of the nervous system have been restored by the use of opium.

"In these cases," to use the expressive language of Dr. GRIFFIN, "when the countenance is sunk, the eye hollow and glassy, the pulse is all gone at the wrist, and the whole person corpse-like, opium will act like magic, and save the patient from an untimely grave. It must be given in large doses, of one or two drachms of the tincture, or three or four grains, and must be repeated until reaction has set in, and its effects are manifest."

Other substances have been used, with various results, from time to time—opium, cotton-root, tansy, extractum cannabis, borax, tartar emetic, etc.—the history of which it is unnecessary to repeat.

Dr. ABBOTT said that among the means and substances enumerated, he judged ergot to be the only reliable and safe agent to be used for parturient purposes. We want a sure remedy to facilitate labor when retarded, to increase the pains and bring the labor to a close, and save the time spent in long waiting for nature to perform her functions, with safety to both mother and child. The question is, Does ergot fulfil all these requirements? Some ascribe all these virtues to ergot as a parturient, others deny it. Now I think it is rather too late from long experience of the drug, to deny its efficiency, the evidence of its value is too complete and extensive. Practitioners who rank among the unbelievers in ergot, were perhaps unfortunate in using a bad sample of the drug, the woman might not have been susceptible to its effects, or perhaps just as likely the physician's own experience was rather limited. Take for example the idiosyncracies in regard to calomel. Some persons are easily salivated with a small dose, others can take a deal of the substance without experiencing any untoward effect.

In my own practice I have administered ergot pretty extensively. I have used both the powder and the fluid extract, and have never found it to fail. Much has been said of the danger to mother and child, violent compression of the womb long continued, may doubtless cause the child to be born asphyxiated, but it is to be borne in mind that if the pains be violent, no time is to be lost in delivery. The condition of things in which ergot is advisable are too well known to need repetition, any practitioner with an ordinary share of common sense, will readily understand when its use is indicated. The pro-

per administration of ergot is sound in principle and beneficial in practice.

Dr. BUTTLES took a decided stand in opposition to the last speaker, and said he did not believe in the efficacy of ergot whatsoever as a parturient; he did not mean to say that ergot possessed no therapeutic action, but that in his practice he had *never seen* any effects follow its administration. He had employed ergot in conjunction with other remedies, and any result arrived at, he had quite as much reason to ascribe to the other means employed as to the ergot. Ergot given alone, seemed to him perfectly useless and inert. Dr. BUTTLES mentioned a primiparous case of twin delivery in his own practice, where the conditions were all favorable, the os dilated, etc., except that the pains were feeble, and no contraction of the womb had taken place. After considerable waiting, administered SQUIBB'S fluid extract of ergot in teaspoonful doses every twenty minutes, but without producing the slightest effect; finally, seeing the uselessness of trying it any longer, had to resort to manual delivery. The uterus not contracting, applied ice bandages, compresses, etc., and ordered a decoction of the freshly powdered drug to be taken, and still without result. This is only one out of a large number of similar cases of uterine inertia, where Dr. BUTTLES had administered ergot, but not in a single instance did he perceive the least action on the womb follow its use. The case above quoted afforded a fine chance to test the virtues of ergot, if it possessed any. It utterly failed, and he had no faith in it.

Dr. WEISSE was of the opinion that ergot acted through the sympathetic nervous system from its effects on the pupil, from the fact that those remedies which affect the pupil, indicate their mode of action through the sympathetic nerve. In its therapeutic action on the involuntary muscular fibres, his own limited experience of ergot hardly justified him in holding a decided opinion of its therapeutic value, but from what he has seen, he is disposed to think very highly of it. In the unimpregnated uterus he has seen menorrhagia arrested by the use of ergot, hence the indication of its usefulness as a parturient.

In those cases where no effect was manifest, he ascribed its failure to the inefficiency of the sample of the drug itself. It is of different qualities, and has been found when kept for a length of time, to have lost all its properties. It must be used fresh, and possibly idiosyncracies in women cause different effects to be apparent. "Whenever the labor is going on favorably I do not think it right to give ergot for the sake of saving time.

Those practitioners who are partial to manual or instrumental, generally are opposed to ergot, and I venture to say it will be found in the long run, that more mothers and children will be saved by the use of ergot, than by manual and instrumental delivery.

Now, for its effects on the placenta, I have seen the happiest results follow the administration of ergot in the third stage of labor, when the pains have been almost negative. Even after the expulsion of the placenta, I have found it of great benefit, from its giving tonicity to the walls of the uterus, and its helping to clear the womb of the debris of labor.

Dr. PRIESTLY spoke as follows: "I have never seen any effects upon the sympathetic nervous system follow the use of ergot, and I hold that the sympathetic system has very little to do with the uterus. Ergot, I always found, acted on the cerebro-spinal system. At all events, I have no great faith in ergot. I believe in waiting, and if necessary, in instrumental delivery. Ergot I deem far more dangerous to the fœtus than the use of instruments."

#### The Use of Ergot and Forceps in Labor.

Dr. O'SULLIVAN read a paper reviewing certain points as to the indications relative to the use of ergot and the forceps in labor. After deprecating in strong language the careless and indiscriminate use of such powerful agents, and the mortality consequent upon such culpable negligence, he says, "How many lives have been endangered, nay, sacrificed, by inattention to the effects which follow their use! at times so fraught as they are, with the gravest results to our patients. That the usual daily routine practice in this respect is apt to induce or expose our patients to such results, I think cannot be denied. That ergot possesses a certain influence in producing uterine contraction in a certain stage of uterine development is, I think, according to our present experience of its effects, and the testimony of the profession generally, unquestionable. The contractions it produces differ from the normal efforts of the uterus, in their being continuous and not recurring at intervals. Its effects are very soon manifest after its administration. Another important fact is its sedative effect, so to speak, for it is now well authenticated by the best clinical observers, both in this country and in Europe, that there exists in many, if not most cases, a diminution of the maternal pulse, and also a decrease in the number of the beats of the foetal heart."

Dr. HARDY, the well known Dublin obstetri-

cian, observes that when the number of the pulsations of the foetal heart have been reduced below 110, and intermittent in character, the child will rarely, if ever, be saved. In forty-eight cases where ergot had been given, thirty-five children were still-born—nearly three-fourths. It is stated as an interesting incident, that Dr. STEARNS who first called the attention of the profession in this country to the use of ergot in these cases, suffered so much in his practice from the mortality among children, charged to the use of this article, that he left Albany and settled in this city.

In the very few cases where I would deem the use of ergot admissible, there must be a deficiency of muscular power not dependent upon exhaustion of the vital force of the system; and here the most careful discrimination is necessary, as to the patient's vitality and stamina, should the inaction be due to the cause just stated, and the feeble condition of the uterus. I can see no objection to it. If, however, the contrary condition exist, namely, where there is debility accompanied with irritability and deficiency of strength, bordering on exhaustion, I would then object most decidedly to its use, for here its depressing influence is to be dreaded.

In puerperal hemorrhage the utility of this agent has been highly extolled, but in using it in the grave complication in the lying-in room, we may be dealing with edge tools, which may cut too deeply for the interests of our patients, as well as perhaps for our own reputation. In such a case should hemorrhage be considerable, after the usual directions as to the recumbent position, cold drinks, compression of the placenta, etc., I rupture the membranes, give a full dose of opium, and when reaction was sufficiently established, at once proceed to deliver, when that was feasible, by forceps, not waiting to try the experiment of giving ergot. The latter practice has been generally recommended, and has the sanction of high authority. Yet rather than risk any further delay, or the possibility of lowering an already overtaken and exhausted system, I would relieve the womb of its distension and weight by prompt delivery; in the meantime taking every precaution by external pressure, etc., to ensure prompt contraction. It has been my practice now for some time past, in cases of simple inertia, uncomplicated with the grave conditions alluded to, and in vertex presentations, when the first stage of labor is completed, the condition of the soft parts permitting, and where there is no appreciable advance of the head, say from two to four hours, to deliver by

forceps. In such cases I generally administer chloroform.

In thus assigning my reasons for my preference for the forceps in these cases, to giving ergot, it is to be distinctly understood that a certain amount of experience in the use of instruments is necessary, otherwise the results I have claimed in favor of instrumental delivery might be materially changed.

I will finish these remarks by quoting the evidence of Professor PARKER on this point, in his able report before mentioned:

"I must state my conviction, that the more enlarged is the clinical experience, and the more accurate the observation, the more rarely will the ergot be used before delivery; and furthermore, that the fear of delay in labor will be greater than the apprehension from the use of the forceps. McCINTOCK and HARDY gave ergot in the second stage, on account of inertia, in nineteen cases, after which it was necessary to deliver with one or both blades of the forceps. In ten of these cases the child was lost. The death of the child could not have resulted from the use of the instruments, but must have been due either to the ergot or the protracted labor."

Dr. WEISS proposed to continue the discussion at the next meeting, which was agreed to, and he then submitted the following questions for the debate:

1. What is the therapeutic action of Ergot on the muscular fibres of the uterus?
2. What are the indications for the use of Ergot in labor?
3. How should it be administered?

WM. J. PURCELL, M.D., Secretary.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Cause of Consumption.

Dr. HENRY MACCORMAC, of Belfast, Ireland, entertains the following theory of consumption. We extract from a letter to the *Boston Med. and Surg. Journal*:

At the request of the author, I send you a synopsis of a new theory of the cause of consumption,\* by HENRY MACCORMAC, M.D., of Belfast, Ireland. This theory is set forth in a series of papers, read before various foreign medical societies, at different times since 1855, and ac-

\* Consumption, as engendered by Re-breathed Air, etc. Its Prevention and Possible Cure. By HENRY MACCORMAC, M.D. London: Longman, Green, Longman, Roberts & Green. 2d edition.

companied by a long and eloquent introduction. The following formula contains his idea:

"Wherever the air habitually respired, has been respired in whole, or in part, before, there tubercular deposits are found; and wherever the air habitually respired, has not been respired, in whole or in part, before, there tubercular deposits are impossible, and consumption and scrofula are unknown."

He further claims that, "for the first time in the history of the disease, the proximate source of tubercle is capable of exact demonstration. Tuberculous and scrofulous deposits, whether in the offspring of scrofulous and consumptive parents, or others, are the invariable results of insufficient, imperfect respiratory function and re-breathed air. Hence the carbon is retained unoxidized; in other words, is not discharged from the blood, and is deposited, mainly as a hydro-carbon, in the lungs or other organs, as tubercle."

This theory he supports by an analysis of the composition of tubercle, showing a large percentage of carbon; by the prevalence of consumption and scrofula, in connection with bad ventilation of sleeping apartments; by their special prevalence, in classes whose occupations subject them to the influence of re-breathed air, by day as well as by night; and by the cures he has seen effected solely by the constant supply of unbreathed air.

He also refers to the production of tubercle in the animals in menageries, and in rabbits confined in boxes for the purposes of experiment.

Whether this theory is fully demonstrated by the facts he presents, must be left to those more competent to analyze them. The author's position, as well as the importance of the subject, command attention to his views, and it is his wish to subject them to the criticism of the profession in Boston. If his theory is sound, consumption may *always* be prevented, often cured. The victim of an inherited tubercular diathesis need no longer sit, with folded hands, awaiting his doom. The annual decimation of infants may be reduced one-half, and the general mortality one-fourth, by the annihilation of this great scourge of the human race!

#### Parasitic Animals.

The following account of some rare parasites on the human subject is, from the *Atlantic Med. and Surg. Journal*, from a communication of Dr. N. B. DREWRY:

In July of the present year, Mrs. B—, æt. 23 years, of full habit and florid complexion, and active life, applied to J. R. CLEAVELAND, S. D. of this place for the relief of toothache. Finding



a cavity, he proceeded to treat the nerve by the application of arsenic. Failing to allay the pain in this way, he resorted to mechanical means of impressing or destroying the nerve, and was finally successful in relieving the suffering. Very soon, however, the pain returned, and as it was desirable to avoid extraction if comfort could be obtained otherwise, the instrument was again introduced into the cavity of the tooth, and, after giving it a rotary motion, was removed. On examination of the substance adhering to the instrument, a living animal—a worm—was found. The parasite measures about four lines in length and one in thickness, with a head larger than the transverse measurement of the body, and composed of a firm horny substance. Since the removal of the worm from its cavity, the tooth has not been at all painful.

A still more remarkable case of local disturbance by an epizoon, presented itself to me, one month after the case above-mentioned was treated.

Mrs. G—, *et. about 43*, healthy and corpulent, called, August 2, 1867, at my office, to consult me in regard to a painful affection of the finger, very much resembling ordinary whitlow. The pain, she said, was periodical, deep-seated, and of a gnawing character. Seeing nothing unusual in these symptoms, I pronounced the case a felon, and gave the usual advice in such cases. She declined, for the time, having it opened, but applied emollients, used opiates internally, etc. Two weeks passed in this way, without any material change in the condition of the part, except a slight pointing at the centre of swelling. Pricking this portion of the cuticle with an ordinary needle, she imagined, though without much discharge, gave some comfort. With the hope of obtaining entire relief in this way, she still refused to have her finger laid open with a bistoury. In two or three days after her own operation with the needle, the suffering became again so intense, that she resorted to the same mode of relief. Extending her puncture, perhaps, further, than before, she found beneath the attenuated skin a living worm, and extracted it. The pain subsided at once, and the swelling and other evidences of local disease gave way.

The worm thus extracted, and to which the painful condition of the finger is attributable, in every respect resembles that obtained from the tooth of Mrs. B—, a month previously.

— There are between seventy and eighty students at the Medical College in Keokuk, Iowa.

## Reviews and Book Notices.

### NOTES ON BOOKS.

Dr. E. FOLLIN of Paris is engaged on a work "External Pathology." There will be in all three volumes, and it has already appeared as far as the second part of the second volume. Another recent publication by the Parisian press is Dr. R. BRUCK'S, "Le Cholera ou le Peste Noir," which treats of its origin, and conditions of development.

T. ELLWOOD ZELL of this city will republish a limited number (for subscribers only we believe) of copies of the magnificent "Atlas of the Nervous System of the Human Body," by Dr. RUDINGER of Munich. It contains nearly fifty photographic illustrations of the size of life.

"We have received the "Seventy-first Annual Report of the Boston Dispensary," an institution doing a good work; "A Christmas Story," by D. S. W. FRANCIS, (published by G. H. MATTHEWS, New York city,) a very pleasant tale.

**Register Papers; a Collection of Chemical Essays in reference to Dental Surgery.** By GEO. WATT, M.D., D.D.S., etc. Philadelphia: Published by S. S. WHITE. 1868. 1 vol., cloth, 12mo., pp. 260.

Most of the contents of this volume were contributed at various times to the *Dental Register*. The author tells us that "in accordance with the advice of many of his best friends," he has been induced to publish them in book form. We cannot help thinking that he is a little unfortunate in his friends, for really a good part of the volume was not worth re-publishing,—or in fact publishing at all. Its character is seen from the titles of the articles: for example, "Lord Oxygen," "Lady Hydrogen," "Random Thoughts," "Professional Longings," etc. These are silly pieces, which it is no credit to the *Dental Register* to have admitted. We wonder whether its readers were benefited by the information that Adam probably took an anæsthetic when his rib was extracted to form Eve; that to the author heaven would lack its charms, unless he could practice dentistry there; and that the pain referred to false teeth is explained by the Apostle's distinction of a spiritual and natural body? If so, their intellectual demands must have been singularly moderate.

Various addresses and lectures are interspersed, some of which contain a number of useful facts, while others are lamentably rhetorical. Of the former, those on Dental chemistry, on the action of topical remedies, and on the dental

chemistry of the mouth, are among those worth reading.

The book is neatly printed on tinted paper, and makes a very creditable appearance.

**Spermatorrhœa: Its Causes, Symptomatology, Pathology, Diagnosis, and Treatment.** By ROBERTS BARTHOLOW, A. M., M. D. Second Edition, revised and augmented. New York: Wm. Wood & Co. 61 Walker St. 1 vol., 12 mo., cloth, pp. 120. Price, \$1.00. For sale by J. B. LIPPINCOTT & Co., Philadelphia.

It is refreshing after perusing the numberless disgusting treatises on the abuse of the sexual functions which under the pretence of warning youth and instructing the public are advertised in every newspaper willing to admit such notices, to turn to the clear, concise, scientific pages of Dr. BARTHOLOW. The scope and argument of his excellent monograph, were fully explained in the REPORTER on the appearance of the first edition, and the fact that a second is called for within a year, justifies the complimentary terms in which we then alluded to it.

It is undoubtedly the best book on the subject, is brief, cheap, and brought down to the latest applications of therapeutics, and any who wish information on spermatorrhœa, will do well to get it.

**Obstetric Clinics: a Practical Contribution to the Study of Obstetrics, and Diseases of Women and Children.** By GEORGE T. ELLIOTT, JR., A. M., M. D., Professor of Obstetrics and Diseases of Women and Children, in the Bellevue Hospital Medical College, etc. New York: D. APPLETON & Co. 1868. 1 vol., 8vo., cloth, pp. 458. Price \$4.50. For sale by D. ASHMEAD.

This is an excellent, practical, original book on midwifery, especially on the difficult points, and undecided questions of the art. It is based upon many years extended clinical observations and conscientious study of diverse opinions and methods of treatment, and is entirely free so far as we have read it, of that species of affectation which for some reason or other marks a great many obstetric lecturers and writers.

There are about one hundred and ninety cases reported, nearly every one of which can convey a useful lesson to practitioners. The questions of albuminuria in pregnancy, the prophylaxis, and treatment of puerperal convulsions, hemorrhage, induction of labor, obstetric operations, compression of the funis, and retro-pharyngeal abscess in the infant, are some of the topics discussed, and always with admirable discretion and extensive experience. The work is one we can unqualifiedly commend.

**Plastics; a New Classification and a Brief Exposition of Plastic Surgery.** By DAVID PRINCE, M. D. Philadelphia, LINDSAY & BLAKISTON, 1868. 1 vol., 8vo. pp. 96, cloth. Price, \$1.50.

This monograph is a reprint from a report in the Transactions of the Illinois State Medical Society for 1867. The author is already quite well-known by his contributions to other branches of surgery, and the present essay is calculated to favorably extend his reputation. The classification that he proposes is a division into the following six general methods: 1. Sliding in a direct line. 2. Sliding in a curved line. 3. Jumping (Indian method.) 4. Inversion or eversion. 5. Taliacotian—the part being obtained from a distance. 6. Grafting. The different varieties of these methods as applied to the various plastic operations usual on the human subject—rhinoplasty, otoplasty, blepharoplasty, operations involving the mouth, penis, etc.—are discussed with completeness. The details of several original operations are given which, by their ingenuity, reflect great credit on Dr. PRINCE.

The work is illustrated with fifty wood cuts, very fairly done. Most of the later literature of the subject has been examined and is referred to. We think that the author is not justified in calling plastic surgery "altogether a modern art," since various operations were performed, and with more intelligence than he seems willing to admit by many of the older surgeons. The use of the term "plastics" in the sense of "plastic operations" is novel and so far as we can see unnecessary.

**Pennsylvania Hospital Reports. Vol. I. 1868.** Philadelphia: LINDSAY & BLAKISTON, 1 vol. 8vo., cloth, pp., 420. Price, \$5.00.

We take great pleasure in announcing the appearance of this most valuable addition to professional literature. As it was the first volume of hospital reports projected in this country, so it is the first to appear, and in its appearance reflects most favorably on the ability of the various authors who have contributed to its pages, as also on the care and energy of the well-known medical publishers whose imprint it bears.

It includes twenty-three articles on some of the most interesting branches of surgery and medicine, and is illustrated by twenty-seven wood cuts, two full page lithographs, and as vignette a cut of the official seal of the hospital. The typography is clear and handsome, and the reports make a convenient and well-sized volume.

So much we can say on a hasty glance at its external appearance and contents; the latter we shall shortly review when we shall have examined them more critically.

**Medical and Surgical Reporter.**

PHILADELPHIA, JANUARY 4, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.***ADVANCE PAYMENT!**

We would remind subscribers that henceforth we must insist on **ADVANCE PAYMENT**. Consequently, we shall very soon cease sending the **REPORTER** to those who do not indicate their desire to continue taking it by communicating with us. We have now many thousand dollars due us on old subscriptions, and for the past several months, have wasted much time and money in trying to settle up these accounts. We must avoid this in the future, and the *only* way to do it is to conduct the **REPORTER** on the cash principle, just as our great successful daily papers and literary magazines are conducted. We will then know just where we are, and not be at the weekly expense of printing and sending out copies for which we have to pay, though we may never receive anything for them. For some time past we have been shortening our credits: now we propose to cut them off.

We anticipate only good results from this determination, and feel sure that all our subscribers will see that the advantage of such an arrangement will be mutual.

**HOMICIDE BY INSANE PERSONS.**

Several instances of homicide by insane persons have occurred of late. A few months ago, an insane man who escaped from a public institution in the State of New York, murdered his father to gratify an insane desire that had possessed him for a long time. Other instances of homicide by insane persons, some of them of the most heart rending nature, have come under our notice in the newspapers within the past few years, and if we could specify all that have occurred within the past five years, it would make quite a formidable list.

The latest case of the kind occurred a few days since, the victim being the Hon. C. S. HAMILTON, member of Congress from the Eighth District of Ohio, who was instantly killed by an insane son, under the following circumstances:

Mr. HAMILTON had just left his place in Congress to spend the holidays at home, and while there, to place his son, who had been insane for some time, and was becoming increasingly so, in the State Hospital at Columbus.

It seems that Mr. HAMILTON was in the yard, and that his son approached him from

behind and struck him a blow on the right side of the head with an axe, killing him instantly. After perpetrating this horrible deed, Thomas went to the house with the axe, and before he could be secured, he attempted to kill his mother and younger brother, but only succeeded in inflicting a severe wound on the latter. Thomas is about 17 years of age, and his insanity has heretofore been of a very mild form, such as would only be readily detected by medical men. He has attended school regularly, and seems to have been quite diligent and successful in his studies. His disposition, however, has been exceedingly melancholic of late, so much so, as to attract the attention of his teacher, who took him to Columbus some days ago that he might be examined by his uncle, Dr. J. W. HAMILTON. The doctor pronounced him affected with insanity of an inactive character, and advised the teacher and the boy's father, whom he afterward saw, to keep close watch upon him, as he would some time attempt to commit some terrible deed, a warning which the sequel shows was not given without cause. Mr. HAMILTON leaves a wife and several children, to whom no man could have been a kinder husband or father.

This is a too oft repeated story. Yet there is so much morbid feeling about "restraining persons of their liberty," and confining within the walls of an institution for the insane persons, whose insanity is of such a nature that they can easily enlist the sympathies of passers-by, and thereby secure their liberty when, in the judgment of the medical superintendent, it is not safe to trust them at large, that it is sometimes quite difficult to keep persons in such institutions when that is the only proper place for them. Medical superintendents of hospitals for the insane are often greatly annoyed by the officiousness of persons who interest themselves on behalf of patients who are progressing rapidly toward a permanent cure, but who have become impatient to be set at liberty prematurely. Such a course is often a great injury to the patient, a danger to the public, and is subversive of the discipline of the hospital, one of the most important means of cure.

Medical superintendents of our hospitals for the insane should be persons who can be confided in, and those who are insane should be placed under their care, where they should be retained until in the judgment of the superintendent it will be safe to discharge them.

#### MATERNAL IMPRESSIONS.

There is a curious study by Professor HAMMOND in the last number of the *Quarterly Journal of Psychological Medicine*—an excellent periodical, by the bye, which we hope to see long flourish—on the influence exerted on the fetus by impression made on the maternal mind. We all know how profoundly this belief is rooted in the minds of common folk, and many of us have doubtless at times held it up to ridicule as a vulgar error. We think the general opinion of the profession is decidedly against the existence of any such influence.

Dr. HAMMOND takes up the gloves for the affirmative. He narrates a number of instances, several of them on insufficient authority, but others apparently verified with the greatest care by competent parties, in which physical malformation of the infant, seemed directly the result of powerful emotion of the woman while pregnant.

Now every physician knows that whenever a child is born with a "mother's mark," the family or the woman, at once and invariably, do refer to some ugly sight, or accident, or longing, which to them is sufficient cause for the mark or deformity. Every physician also knows that every woman when pregnant sees numerous cripples, feels repeated longings, and experiences we know not how many emotions of greater or less violence, without in the least affecting her babe.

While, therefore, we are willing to grant; *argumenti causa*, that all Dr. HAMMOND's cases are trustworthy—and could for that matter add others from our own experience—we do not concede that he proves his point.

The calculus of probabilities applied to these cases would give a proportion something like the following:

As the total number of emotions, sights or

longings, capable in the fancy of the woman of producing a mother's mark, is to the frequency of such marks, so great inversely is the likelihood that the asserted cause is the real cause. In other words, if for each emotion, etc., we find a mark, the law of cause and effect is plain; and just in proportion as this is not the case, the law becomes less clear, and the greater the probability that the relation between the mark and the antecedent emotion is one of coincidences only.

Even when the relation is most striking, as in the instance of the woman who saw a man who had lost a part of the external ear, and bore a child with a precisely (?) similar deformity, this rule applies.

While, therefore, the well put arguments of Dr. HAMMOND invest this question with new interest and dignity, we do not think that he has done more than offer a plea for the popular belief. The negative evidence is immense, and though we are well aware that no amount of negatives over-weighs one positive, yet they render us justly suspicious of the claims of alleged positives.

#### INQUESTS.

One of the greatest farces is the "crowner's quest law" of most of our commonwealths. The incumbent of the office of coroner is, we think, seldom a medical man, and if he has any pretensions at all, in that direction, it is generally his political, rather than his professional qualifications that recommend him for the position. In very few cases of sudden death from suicide, or other causes, obscure, or unknown is there any thorough post-mortem examination made. One reason is, that no provision is made for adequate compensation for proper investigations into the cause of death. It is very seldom that a complete chemical analysis is made in cases of poisoning. With scarcely any restriction on the sale of poisons, cases of murder or suicide by poisoning are of frequent occurrence, yet how seldom do we hear of a thorough chemical analysis in the course of a coroner's investigation! Incapable of making the examination himself, his own cupidity, or that of the authorities, prevents the employment of a com-



petent person, or of means to properly elucidate the cause of death.

In a recent case of a woman and her daughter who were found dead in Brooklyn, New York, it was evident that they had died of poison, but by whom administered has not been satisfactorily explained. No thorough examination of the stomachs of the mother and daughter was made, as the chemists of Brooklyn had not adequate means at hand, and the chemists of New York refused to make an examination, as in previous cases they were not adequately remunerated for their trouble.

The following is the evidence given in the case. There seems to have been no examination of the daughter for poison:

"Dr. A. W. SHEPARD, who with Dr. A. J. WILLETS made the post-mortem examination, described the condition of the bodies; he found in Mrs. Fall's stomach about six ounces of a pale, thick, colored fluid, resembling in appearance the material generally found in stomachs of persons dying from natural causes. To a dog, weighing about fifteen pounds, he administered about two ounces of this substance diluted with about twice that quantity of water, and in about fifteen minutes the characteristic symptoms of poisoning from strychnia appeared, and quickly terminated in death. Dr. SHEPARD explained the difficulty of making a chemical analysis of a substance, the nature of which is not known, and that the experiment tried was sufficient to prove the presence of nux vomica or one of its alkaloids, strychnia or brucia, and that a very large quantity of the poison must have been received into the stomach of Mrs. Fall. The Coroner, in making his charge, rehearsed the circumstances of the tragedy and reviewed some of the testimony. The jury at length brought in the following verdict: "We find that Elizabeth Fall came to her death from the effects of strychnia, administered by some person or persons unknown. That Jennie Fall came to her death from the effect of some narcotic poison, administered by some person or persons unknown."

## Notes and Comments.

### The Compendium.

The Half-Yearly Compendium of Medical Science is rapidly passing through the press, and will be ready about the middle of January.

### The Daily Pocket-Record.

A most unfortunate and provoking error, by the printer, just as the last sheets were passing through the press, necessitating the duplication of a great deal of labor, caused a delay of several days in this work—though before this reaches our readers it will have been sent out.

## Correspondence.

### FOREIGN.

#### LETTER FROM PARIS.

PARIS, Dec. 4th, 1867.

#### Medical Education.—Prof. Bouillaud.

EDITORS MEDICAL AND SURGICAL REPORTER:

Nobody learns to properly appreciate his own country until he has had an opportunity of comparing its institutions with those of another. At this moment, your correspondent is in a mood of enthusiastic admiration for an American principle in which hitherto he has always disbelieved. I mean the absolute freedom of medical education.

My conversion is, of course, due to closer observation of the effects of the centralizing system existing in Paris. I have been attending the clinics of the celebrated Professor BOUILLAUD, who, in his day, was one of the most original, distinguished, and useful members of the brilliant faculty. But, alas! to use a consecrated phrase, his term of usefulness is past, expired ten or twelve years ago, and nothing remains but the husks and rinds of the pabulum with which, in former years, the Professor used to nourish the intellect of troops of students. His body is still vigorous, his voice sweet and strong, but his mind grown tired in the course of seventy-two years, and unable to press forward in the march of modern science, returns, with intolerable yet pathetic pertinacity, to the ideas and combats of its youth. At the moment that M. BOUILLAUD discovered endocarditis and its connection with articular rheumatism; at the moment when his bold system of bleeding in pneumonia startled the medical world—at that time he could yet pay attention to the discoveries and labors of other men than himself, could write a clinical nosography exhibiting great breadth and acuteness of mind, could chain the ear of an enthusiastic audience, who thronged his wards, and even climbed on the beds to come nearer to the venerated teacher, and catch his words of wisdom. But now, old in the harness, and unable to make discoveries, he returns entirely to the remembered glories of his early manhood, revives discussions long ago out of date, circles incessantly around the two or three topics that have made his own name famous, enlarging upon them with painful garrulity, and utterly ignoring all others, however palpitating with interest.

In our country, a man in such a position would retire from public life, of which he was no longer

fit to bear the burden, and his place might well be taken by the talented Chef de Clinique, upon whom already devolves all the real care of the service at La Charité. But here the professors are appointed by the government, and for life; whether they teach well or ill, they continue to hold office and draw their fifteen thousand francs a year. But the artificial support given to maintain incapacity on a superior level to effective capacity is about as useless as an attempt to compress water, which glides under the weight and finds its level in another place. When the official professors prove their incompetency, the students desert their clinics and amphitheatres, and through the classes of the free professors at the Ecole Pratique. Hardly a dozen continue to follow M. BOUILLAUD, in spite of his name, his fame, and his position at the Faculty, while the cours just opened by his chef, M. CORNIL, is so crowded that it is difficult to find a place.

It has been noticed that the annual demi-riot that takes place in the grand amphitheatre of the Ecole, is directed not against the professors themselves, many of whom are personally popular, but against their official capacity. The students resent the obligation to listen to a man who has been appointed by the government. At the free cours, where the attendance is a matter of choice, there is no temptation to make a disturbance. Consequently, these cours professed at the Ecole Pratique really form the life of the medical instruction in Paris. The competition is open and keen, the amount of intellect engaged is immense, and each person feels the pressure of the labors of all the rest, which he is bound to equal, and resolved, if possible, to excel. Generally, there is no pecuniary profit to be obtained, as the majority of the cours are public, but the stake of reputation is sufficiently high to be played for with the utmost eagerness.

In fact, the general opinion among intelligent French physicians seems to be, that the official Faculty is a burthen and dead-weight on the progress of medical instruction, and all speak with admiration of the results obtained in England, by the system of "*enseignement libre*." From all which, I have arrived at the conclusion, that the notable defects in our system of medical education are due, not to its liberty, but to the absence of an efficient standard of public opinion, which itself must result from a much more profound and thorough education than at present prevails. Out of this circle there is but one escape, the spontaneous formation of a thoroughly intellectual class among physicians, who should pursue science for its own sake, entirely independent of its pos-

sible influence on their private practice. Such a class would create a standard to which all pretensions would be compelled to submit, by the pressure of natural laws, while, as is evident from the long experiment in Paris, authoritative and official standards incessantly tend to degenerate into impotent names. The perils of liberty cannot be avoided by despotism, but by an infinitely more searching and rigorous education than despotism can ever obtain.

#### Exophthalmic Goitre, and Gangrene.

At the séance of the Société Médicale des Hôpitaux, M. FOURNIER described the autopsy of a patient, who, having suffered some time with exophthalmic goitre, (GRAVES' disease,) was finally affected with dry gangrene of the two feet and left hand. Death occurred just as the right foot began to show gangrenous symptoms. At the autopsy, the arteries, and the entire extent of the sympathetic nerve were examined with the greatest care, and no lesion was discovered to explain the gangrene. M. FOURNIER considers this to be purely the result of the anemia characteristic of the disease.

It is worthy of notice, that the patient complained constantly of intense, insupportable heat. In this case, the sensation was purely subjective; but M. HERARD has observed a notable increase of temperature, appreciable by the thermometer, in six exophthalmic patients that had been under his care.

The absence of all alteration of the arteries is not exceptional in dry gangrene, according to observations made by different members of the Society. M. RAYNAUD had collected twenty-five or thirty cases of senile gangrene, without atheroma, or arterial, or any other affection of the coat of the blood-vessels. The same absence of lesion has been noticed in thrombosis, occurring in the course of cachexias.

#### Temperature of the Body in Thrombosis.

Apropos of thrombosis, some remarks were exchanged on the temperature of the body in cases of this accident, and M. RAYNAUD cited a case from his service at Hotel Dieu. The crural artery was obliterated on the right side, and the temperature in the groin was 35.10, and 32 degrees at the foot; while on the left, the temperature was 34 degrees in the groin, and 33.8 at the calf. Thus the root of the diseased limb was warmer, and the extremity colder than normal.

#### Diagnosis in Abdominal Tumors.

The known difficulty in the diagnosis of abdominal tumors is illustrated by the history of

some cases occurring at the Hôpital Rothschild, in the service of M. WORMS. In each of these, in spite of the first appearance of the case, M. WORMS was led to diagnose a deep-seated phlegmon of the abdominal parietes,—an opinion, which, in relation to the first patient, has been very much disputed.

In this case, the patient had been ill three months before his entrance into the hospital, and had apparently been treated for peritonitis. He had been suddenly attacked in the morning with a very violent pain in the right flank, that irradiated over the entire abdomen. The pain was unaccompanied by either vomiting or diarrhoea. No relief was obtained from leeches, and the patient became gradually reduced to a condition of marked cachexia,—with slight hectic fever complete loss of appetite, and pallor of the skin.

On examination of the patient, the base of the thorax, at the right side, and the region sous hepatic were found to be evidently augmented in size; the last intercostal spaces were obliterated, and the tumefaction extended to five fingers' breadth below the false ribs. There was no doughiness or œdema of the teguments.

The inferior border of the tumor was sharply defined, and described a curved line, which just fell short of the xiphoid cartilage. The most minute examination failed to detect any sonorous point between the tumor and the liver. Resistance was every where equal, and the surface was entirely smooth, like that of the liver.

At the end of eight days, during which the tumor continued to increase in size, fluctuation was detected, and the patient being in imminent danger of death from exhaustion, the tumor was opened; first with a trocar, and then a bistoury. Only a small quantity of pus, mixed with blood, escaped at first, but subsequently it flowed in considerable abundance. A counter opening was made, and a drainage tube inserted. From the first escape of pus, the patient seemed to revive, and completely recovered at the end of several weeks.

M. WORMS, excluding the possibility of an hydatid cyst, an hypertrophic hepatitis, and a partial peritonitis, provoked by cancerous degeneration, (this last excluded on account of the absence of effusion in the peritoneum,) decided that a deep-seated phlegmon was the cause of the tumor.

In the discussion before the Société de Médecine, several physicians maintained that the abscess had really been seated in the liver, as proved by the reddish-colored pus, to which the trocar gave issue. It was replied, that the quan-

tity of pus was too considerable to have come from the liver of a patient that recovered; and, moreover, that it contained no hepatic cells.

In the second case, a boy of 14, was affected with an abscess, situated in the sub-umbilical portion of the *ligne blanche*, and the symptoms had consisted of colics, vomiting, and diarrhoea. No tumor was perceptible, but the sixth day of the disease, a small quantity of pus was observed to escape from the umbilicus,—and by this spontaneous opening was gradually emptied an abscess, resulting from a peritonitis. Convalescence coincided with the closure of the orifice.

The third case terminated fatally. The patient had been affected with an intense blennorrhagia, of three weeks' standing, when he was attacked with an intense pain in the right inguinal region. This was gradually followed, in spite of treatment, by a general peritonitis, to which the patient succumbed.

At the autopsy, the right iliac fossa was found to contain a purulent focus, the size of a turkey's egg, situated in the sub-peritoneal cellular tissue. It was separated from the aponeurose. The spermatic cord was entirely healthy, and therefore the abscess cannot be attributed to the blennorrhagia.

The pain experienced by the patient had been too violent to permit of minute exploration of the abdomen, so that it is uncertain whether or no the tumor would have been discoverable during life.

[To be continued.]

## DOMESTIC.

### The Mammoth Cave.

EDITORS MEDICAL AND SURGICAL REPORTER:

I write to correct what I believe to be an error, which I notice you are perpetuating in the pages of the REPORTER.

In your issue of November 30th, p. 479, you extract an article from the *Medical Record*, purporting to be the observations of Dr. H. RALLS SMITH, of Louisville, Ky., upon the Mammoth Cave.

I visited the Mammoth Cave myself, in May last, proceeding thence from the meeting of the *American Medical Association* at Cincinnati. Since my return home I have delivered some lectures on the subject before our Local Literary Association, which were designed to give a more complete account of this wonderful curiosity, scientific and general, than was ever given to the public.

During the preparation of these lectures, my

attention was drawn to an article in the *Philadelphia Age* of August 30th, which was copied from the *Chicago Tribune* of August 18th. The communication was headed:

"A Visit to the Mammoth Cave. Important Scientific Observations—Effect of Darkness and Silence on the Optic and Auditory Nerves."

The article was signed "S. J. H.," and opens in the following words: "Will you permit me through the columns of your paper to invite attention to some very remarkable natural facts, communicated to me by Dr. H. RALLS SMITH, of this city [*Chicago*, not Louisville, as you have it,] which came under his observation during a visit of scientific research to that geological freak of nature, the Mammoth Cave. They seem to be well worthy of record, but, as the doctor modestly intimated, may have been the subject of observation by others as well as himself, although, perhaps, not possessing the same degree of interest. Keenly alive to everything, however remotely connected with his favorite profession, the doctor, it seems, was perfectly astonished at the fixed and chronic state of blindness and deafness in which he found the permanent inhabitants of the Cave. These beings, it appears, are not only without eyes, or even the trace of an orbit, but, so far as could be ascertained by careful and indefatigable investigation, evidently destitute of the sense of hearing.

"By a casual observer no important deductions might be drawn from a knowledge of this fact, a rumor of which induced the doctor to visit the Cave, yet to the scientific inquirer into cause and effect, these facts possess a peculiar interest, bearing as they do, upon subject which has long been a matter of controversy among medical men, viz., whether the functions of the auditory nerves become impaired by the partial or total deprivation of the natural stimulus, precisely as the functions and properties of the optic nerve are diminished or destroyed in proportion as they are deprived of light. For the purpose of satisfying his own mind on this occasion, Dr. SMITH on one occasion, penetrated about four miles into the interior of the Cave, and at some hundred feet below the surface of the earth remained 'solitary and alone' for a considerable length of time, in the midst of impenetrable darkness, and of a silence agonizing to a degree difficult of conception to those who have not made a similar experiment. 'The effect upon him, he states, was very distressing and almost insupportable, resulting in a very perceptible, although temporary, defection of hearing and aberration of mind.'"

After some speculations relative to the effects of the absence of sound and light upon the auditory and optic nerves, the writer continues: "From these facts alone, without any evidence further than that derived by a parity of reasoning, I am compelled to infer that the sense of hearing is also wanting in these beings [referring to all the inhabitants of the Cave], although originally existing in the species when first immersed in their living tomb.

"That the denizens of the Mammoth Cave are deficient in the sense of hearing, as well as in sight, Dr. SMITH has satisfied himself by a variety of interesting and scientific experiments."

You do not give these details in the *REPORTER*, but this is the chief part of the context upon which the remarks you quote from the *Record* are based. In one of the lectures, as before mentioned, which was in course of preparation at the time the article appeared in the *Age*, I took occasion to correct what I regarded as a glaring error, yet not supposing that it would ever appear in a scientific journal.

It has been demonstrated by such observers as Prof. AGASSIZ and Prof. WYMAN, that the fishes of the Cave, of which there are several species, are all blind, but they all have rudimentary orbits, developed in some species more than in others; and all have large auditory organs.

Those who are interested in the investigation of the facts, I would refer to a paper of Professor WYMAN'S, published in *SILLIMAN'S American Journal of Science and Arts*, for March, 1854. He states that in his anatomical examinations of the blind fishes of the Cave, he found the organ of hearing to be largely developed; larger, in proportion, than in ordinary fish. The Professor also gives diagrams in the paper referred to, representing the rudimentary eye of the blind fish, and the largely developed auditory apparatus.

The eyes of the rat, Professor SILLIMAN (who visited the Cave in 1850) states, are as large as those of the rabbit, though, when first captured, do not appear to possess more than a very imperfect sense of vision, if any. Their sight improves, or becomes developed, when kept for a length of time in the light. I am not aware that their auditory apparatus has been subjected to anatomical examination; but it is a well known fact to those interested in such observations, who have visited the Cave, that the rat is extremely shy, and flees upon the approach of man.

We saw innumerable tracks of the rats, but were unable to make a near approach to any of them.

Dr. SMITH'S voucher states that the animals of



the Cave cannot hear for the reason that there is nothing to be heard. Do not these animals make sounds by their own movements?—to say nothing of their articulate sounds, and to say nothing of the almost daily tread of visitors in all parts of the Cave.

The hearing, undoubtedly, compensates to a great extent for the loss of vision, just as it does in man.

It is unnecessary to refer, in this place, to the crawl-fish, lizards, crickets, and bats, which inhabit the Cave, as the same remark regarding hearing applies to all.

We are told in the paper upon which these remarks are based, that Dr. SMITH satisfied himself of the deficiency of hearing in the animals of the Cave, "by a variety of interesting and scientific experiments." Not one of these experiments, nor a hint as to their character, is given.

We would be very much obliged to Dr. SMITH if he would give an account of his observations and experiments upon the permanent inhabitants of the Mammoth Cave, over his proper signature, in the pages of the REPORTER, or in any other journal he may see fit; for it is a subject in which I, and doubtless many others, feel a deep interest.

The effect of the darkness and silence which is said to have been produced upon Dr. SMITH, at the time he penetrated the Cave, a distance of four miles, alone, as well as other points in the article, might be remarked upon, but we forbear saying more at present, hoping to hear from him *in propria personâ*.

W. STUMP FORWOOD, M. D.

Darlington, Md., Dec. 13, 1867.

## News and Miscellany.

### An Asylum for Lepers in Jamaica.

It is reported that much excitement prevails in Kingston, on the island of Jamaica relative to the conversion of an old jail building situated in the central part of the town into an asylum for lepers. The objection is based in the popular belief that leprosy is infectious, but some of the medical men of Kingston contend that it is not, and, supported by their opinion, the Governor has determined upon carrying out the measure.

It appears that the number of unfortunates afflicted with that loathsome disease has greatly increased in Kingston of late years, and as there is no proper receptacle for them, they wander about the streets and lanes of the city seeking charity from passengers, and frequently intrud-

ing themselves even into private yards, much to the disgust and alarm of the citizens. It is greatly to be desired, therefore, that they should be provided with a proper asylum.

### Baking Powders.

The Paris correspondent of the *Chemical News* writes as follows upon a well-known baking-powder out of which fortunes have been, or are to be, made. Of the composition of the powder of BOW-WICK we know nothing, but COOLEY's powder is as follows.—Tartaric acid,  $\frac{1}{2}$  lb.; bicarbonate of soda and potato farina, or British arrow root, of each  $\frac{3}{4}$  lb. (each in powder); separately dry them *perfectly* by a very gentle heat, then mix them in a dry room, press the mixture through a sieve, and at once put into packets, observing to press it hard, and to cover it with the foil or close made paper, to preserve it as much as possible from the air and moisture. DELFORT's formula principally differs in the addition of *alum* and carbonate of ammonium. With the addition of a little turmeric, the compound becomes the "Egg-powder" so often seen in the windows of grocers and oilmen. These mixtures are used in domestic economy as substitutes for yeast in bread and butter in pastry; and are in their way, and in their proper places useful, although humble adjuncts to the *materia* (may we not say *medica*?) of the non-professional cook. There is no doubt that by enabling pastry to be made equally light, and with one-third less butter, the better class of baking powders have prevented many a bilious and dyspeptic attack.

— Dr. ERASTUS OSGOOD died at his residence in Norwich, Conn., Dec. 22d, in his eighty-eighth year. He was born in Pomfret, Conn., March 14, 1780, and studied medicine under Dr. THOMAS HUBBARD of that town. In his twenty-fourth year, having been admitted to practice, he moved to Lebanon, and lived there until his seventieth year, in the enjoyment of a wide field of usefulness.

— ELECTRIC PAPER. A M. TH. COURANT has, according to the *Evenement Medical*, invented an electric paper, which is said to be efficacious in relieving pain. The claims of this remedy are supported by several letters from physicians and others.

— ITCH IN DELICATE SKINS.—HEBRA, of Vienna, uses the following application: Petroleum and spirit, each  $\mathfrak{z}\text{i}$ ; balsam of Peru,  $\mathfrak{z}\text{i}$ ; oil of rosemary and lavender, each  $\mathfrak{m}\mathfrak{x}\mathfrak{xv}$ .

— A complete set of BRAITHWAITE'S Retrospect, bound in calf, can be bought by applying to this office.

